

*The Legacy Society of the
Lucy Robbins Welles Library*

Giving Form

PERSONAL INFORMATION:

Name: _____

Check applicable box: Newington Patron ☐ Spouse of Patron ☐ Family of Patron ☐ Other ☐

Home Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Name(s) if gift is being made by more than one person:

Gift in recognition of (name of individual) _____

Memorial Donation in honor of (name of individual) _____

Please send acknowledgement to name of individual(s):

Home Address: _____

City: _____ State: _____ Zip: _____

Enclosed is my check (made payable to Lucy Robbins Welles Library) for \$_____

Please print, sign and mail or fax this form to:

95 Cedar Street
Newington CT 06111-2603
Fax: (860)667-1255